

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morinam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:26

DOCUMENT # 846539 (5)  
1. Corporation Name  
CAPITOL BANKERS LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address  
5650 YONGE STREET 5650 YONGE STREET  
NORTH YORK, ONTARIO CANADA M2M 4G4 NORTH YORK, ONTARIO CANADA M2M 4G4

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b		07/22/1980	02/17/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		41-0880965	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD -	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, PETER W.	1.2 NAME	FREDERICK W. GORBET
STREET ADDRESS	201 OHERWOOD PLACE	1.3 STREET ADDRESS	440 BEDFORD PARK AVENUE
CITY-ST-ZIP	NEWMARKET ON	1.4 CITY-ST-ZIP	TORONTO, ONTARIO M5M 1K1
TITLE	D	2.1 TITLE	P/D/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNCH, JOHN G	2.2 NAME	
STREET ADDRESS	27 CRAIGHURST AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ON	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHISON, PETER S.	3.2 NAME	
STREET ADDRESS	63 RUMSEY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO	3.4 CITY-ST-ZIP	
TITLE	POEO -	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, PETER W.	4.2 NAME	
STREET ADDRESS	201 OHERWOOD PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWMARKET ON	4.4 CITY-ST-ZIP	
TITLE	OT -	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAM, AMANDA	5.2 NAME	
STREET ADDRESS	40 NEWDAWN CRES.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCARBOROUGH ONTARIO	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOCZYSKI, THERESA	6.2 NAME	
STREET ADDRESS	24 MABELLE AVE # 2615	6.3 STREET ADDRESS	
CITY-ST-ZIP	ETOBICOKE ONTARIO	6.4 CITY-ST-ZIP	

SEE LIST ATTACHED

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: Theresa Toczyski (Typed Name) Jan 27/95 (Date) (416) 229-4515 (Phone Number)  
Theresa Toczyski - Assistant Secretary

**CAPITOL BANKERS LIFE INSURANCE COMPANY  
CURRENT LIST OF OFFICERS AS AT 01/24/1995**

Lynch, John Gerard 27 Craighurst Avenue, Toronto, ON M4R 1J9 President & Chief Executive Officer	05/20/1994
Clark, Maura 485 Summerhill Avenue, Toronto, ON M4W 2E3 Vice-President	10/01/1993
Clark, Maura 485 Summerhill Avenue, Toronto, ON M4W 2E3 Secretary-Treasurer	06/08/1994
Lengyell, Kevin 137 Dowling Avenue, Toronto, ON M6K 3A9 Assistant Vice-President	07/13/1994
Toczyski, Theresa 24 Mabelle Avenue, Apt. #2615, Etobicoke, ON M9A 4X8 Assistant Secretary	04/30/1993
Duffy, Andrew 39 Roshampton Avenue, Toronto, ON M4P 1P9 Assistant Treasurer	07/13/1994

January 24, 1995